

Check A. B. B. Paragraph Special

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S) _____ FILING DATE _____

BEST AVAILABLE COPY

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							T TAL CLAIMS						